



**Cathedral Parish of St. Patrick
Registration 2009-2010**

PLEASE PRINT – If your child is new to our program, you must register **personally** with the Religious Education Office.
* TUITION ASSISTANCE AVAILABLE

Family Information:

Family Last Name: _____ Total Number of Children: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____

Father's Name _____

Mother's Name including Maiden Name _____

Father work phone _____ Mother work phone _____

Father cell phone _____ Mother cell phone _____

E-Mail _____ E-Mail _____

Name of Child _____ Grade of child as of Sept. 09 ____ Baptismal Cert. ____

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★ This information will be shared by the C/DRE and classroom catechist and kept confidential.

Emergency Contact Information

Name of Emergency Contact _____ Phone _____ Relationship _____

- Are there any additional people who may pick up your child/children from R.E.? If so who?

Name _____ Relationship to child _____

Are there any child custody issues? yes or no If so please provide Court Document to C/DRE.

Are there any medical concerns such as: medications, allergies to food, insects, ADD/ADHD, autism, hearing, speech and language challenges etc? Please list child's name first and then information.

**COPIES OF BAPTISMAL CERTIFICATES FOR
RELIGIOUS EDUCATION, CATHEDRAL SCHOOL AND HOME SCHOOL STUDENTS
ARE REQUIRED FOR CHILDREN IN GRADES 1 AND 2
and ANY NEW REGISTRATIONS**

Registration applications will not be accepted without copy of baptismal certificate.

TUITION INFORMATION

Family Last Name: _____

Book Fee = \$ 23.00 per student

Retreat Fee: \$15.00 for 8th grade Confirmation

Youth Group – Fees may be charged for special programs, retreats, concerts etc... parent will be notified.

Student Information:

| | In 2009 | Book Fees | Retreat Fee |
|---------------------|----------------|------------------|--------------------|
| Student Name: _____ | Grade: _____ | \$ _____ | \$ _____ |
| Student Name: _____ | Grade: _____ | \$ _____ | \$ _____ |
| Student Name: _____ | Grade: _____ | \$ _____ | \$ _____ |
| Student Name: _____ | Grade: _____ | \$ _____ | \$ _____ |

Totals per fee: \$ _____ \$ _____

Total all student Fees: \$ _____

Tuition Information:

I would like to make payments of: \$ _____

The payment terms I would like to use:

_____ Semiannually (2 per year) _____ Quarterly (4 per year)

Tuition and Fee Payments:

I have included total tuition payment at this time: Check number: _____

I have included a payment: Check Number: _____

Total tuition and fee payments at this time: \$ _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Staff person initials: _____

Office use only:

Payment 1: Check number _____ Date of payment: ____/____/____

Payment 2: Check number _____ Date of payment: ____/____/____

Payment 3: Check number _____ Date of payment: ____/____/____

Payment 4: Check number _____ Date of payment: ____/____/____

Mail to Cathedral Parish, 212 State Street, Harrisburg, PA 17101
or turn in at the office or place in collection basket. Thank you.
Questions? Call the office at 232-2169.